

PRACTICE IMPROVEMENT STEERING COMMITTEE

October 10, 2013 Meeting
Michigan Association of CMH Boards Building
426 South Walnut Street, Lansing 48933
Minutes

Attendees on Site

Mark Lewis (MDCH)
Crystal Palmer (Detroit-Wayne)
Josh Smith (DBT Center)
Luann Grey (Kalamazoo)
Nicole Lawson (Oakland)
Joe Longcor (MDCH)

Attendees by Phone

Rosa Thomas (Macomb)
Nancy Murphy (Network 180)
Darren Lubbers (Ottawa)
Barb Glassheim (Saginaw)
Tom Seilheimer (Thumb Alliance)
Phil Cave (Genesee)
Jill Krause (Network 180)
Patty Wagenhofer-Rucker (Genesee)
Josh Snyder (Northwest MI)
Michelle Strasz (Edu)

I. **Welcome and Introductions**

All were welcomed and everyone introduced themselves.

II. **Review/approval of 07/11/13 Minutes**

III. **Agenda** – Accepted as is.

IV. **Focus on Innovation /Advancement** –

- Common Elements project update and beta-tester recruitment – *Mary Ruffolo*
 - The beta-testing recruitment is now finished. Adjustments from Beta-Testers are being made with the target for completion and launching this quarter.

- <http://improvingMIpractices.org> (IMP) updates – *Alyson Rush*

Family Psycho-education

- Preparing for Fall Facilitator, Advanced Facilitator and Trainer/Coach training on November 4 and 5th in Mt. Pleasant
- Planning for Medicaid Match Grant FPE Pilot using FPE and Medication Management (if needed) as Case Management. Working with Macomb County and UM School of Social Work
- Active and superbly helpful sub-committee
- Beginning to discuss and plan for technical assistance through MIFAST format

Assertive Community Treatment

- One new team on the horizon from network180
- Early MIFAST discussions related to the ACT Field Guide and technical assistance (versus the other practices SAMHSA toolkits)

Older Adults

- I regret to inform you that Marci Cameron, our dementia specialist is no longer working at MDCH, Marci's contributions were very significant in keeping vulnerable and demented people from being forgotten
- Advisory Committee met for the annual Mental Health and Aging Conference (yesterday), plans are on schedule, topics have mostly been identified and the challenge of finding or creating training to meet the identified needs is beginning
- Work continues with the Geriatric Education Center of Michigan, located at MSU, to bring training related to behavioral health and dementia to a wide variety of health care providers throughout Michigan, with emphasis on the rural areas. Broadcast to 50+ sites, CMEs and CEUs are offered
- Also shared half day FQHC and CMHSP training in Alzheimer's and other Dementias is mostly developed and will be presented in March by MSU Medical School staff. CMHSPs with good relationships with FQHCs and FQHCs with good working relationships with MSU are the primary target groups for the pilot
- Contracts with Eastern Michigan Alzheimer's Education and Research Program for regional training. This year a focus will be in dementia capable and friendly environments. The contract with Lansing Community College Mental Health and Aging Program also has been renewed for regional training sessions, the extensive Mental Health/dementia, etc. and Older Adults library and resources
- Presentation by teleconference was provided to the older people's division of NASMHPD OPD focusing in the relationship built over many years with GECHM. It was very well received

Integrated Health

- Collaborative work and work plan continues with MACMHB and the National Council to continue development of Learning Collaboratives, improvingmipractices.org and block grants
- In UP, a partnership between Pathways, Marquette General and Northern Michigan University and MDCH will result in a dedicated public TV channel with a focus on multi-level health, information and activity programming

Improvingmipractices.org

- Resources for Integrated Health continue to be added to enhance central location to work and share information and materials
- Publicity campaign including a newsletter is being developed
- First third of Motivational Interviewing modules are live
- DBT phase 1 is finished; phase 2 has begun

- VASE-R is live
- 3D's (dementia, delirium and depression) is almost ready
- Facelift for front page is almost ready
- OBRA 101 in development (Omnibus Budget Reconciliation Act, a federal mandate created for Pre-Admission Screen Annual Resident Review) for PASARR
- Common Elements beta test finished; revisions expected to be finished by year end
- Trauma Principles and Assessment-two modules, 5 principles (safety, trustworthiness, choice, collaboration, empowerment) and agency self-assessment are expected to be live by year end
- PDF being created so that Advisory Group managers and training managers can follow and learn to manage program areas
- A research area is being added for Midwest Behavioral Research Consortium, which is a virtual location for researchers to share ideas, data, resources and conversation

V. Updates on MACMHB – Mike Vizena reports IH learning community and other projects are on schedule. Nothing to report

VI. Discussion/updates on EBP Development & Implementation

- Updates (as indicated) from existing PISC Subcommittees/workgroups

Measurement – Kathy Haines

- Kathy was not available to give an update. CoCAL (ITCALC-Integrated Treatment Change Agent Leadership Committee) will be requesting data to assist in determining the degree to which the network has achieved Co-occurring capable care across the system. Essentially, Michigan's data should match national trends for ratio of SUD with Comorbid MH issues. Mark will forward request.

Statewide Motivational Interviewing Initiative – Mark Lewis

- Motivational Interviewing contains the fundamentals of strength based approaches and all of the common elements of any strength-based approach and therefor is a necessary skill for practitioners in any program at any level. This initiative is intended to provide access to very advanced training, coaching and consultation for implementation and sustainability of Motivational Interview across the public mental health systems through adult block grant funding. The following table demonstrates the trainings provided by MIMIT staff for the last quarter. To date the MIMIT accounts for about 2000 persons trained in various programs and levels of care in FY2013.

Trainer – areas	Number trained - level
Michael Hunt – Genesee ACT	3 - advanced
Patrick Mullin/Dave Misel Peer Training in Roscommon	3 - 2 day MI training for 28 Peers in Roscommon

Dennis Potter	14 HR specialists (6 hours) in the basics of MI 1 physician and 2 medical staff at a new OP clinic in an Overview of MI with patients. (3 hours) in August.
COD Initiative	August 26 and 27. 140 scheduled for training in Detroit
Maureen Bernard	6 hour Basics and Beyond every 6-8 months. Each month a 1.5 hour “booster” that covers a variety of topics such as OARS, Reflective Listening, Acknowledging Ambivalence, Exploring Values and Goals, Responding to Change Talk & Sustain Talk, Developing a Change Plan, Stages of Change – to allow for a more in-depth study than can be done in a 6 hour broad sweep. Geriatric Case Mgmt & Older Adult Services, Family Case Mgmt., Clinical, Resource Center (Intake Dept.) and Project CHESAD (coordinates free/low-cost health services for members of the community with low incomes and/or no health insurance). Each Booster is offered 2X/month, 1 in each location (West Bloomfield & Oak Park)
Mike Hunt Genesee	Trained 11 people today in M.I. – OARS. I will be following up with more exercises on reflections. I am going to do summaries separately. Anyhow, there were 11.
Randy Estes	Segue – Use VASE R to determine needs and provided 3 monthly trainings for ACT in Jackson and Hillsdale 60 people. 60 people in August in Detroit
Kent Huber	50 People 152 last quarter
Rich Reinhardt/Dan Reed	70 people for 21 days in August. 200 people in the CHMCH network for the region 70 people at the Home-Based
Mark Lowis	300 people (MDRC, Lenawee, Detroit, Lawrence, Pine Rest)
Daryl Goodman	60 people in Gaylord (MDRC)

- The Second MIMIT Learn and Share was held October 9th with 25 of the 42 members present. The agenda included:

- A presentation by Mike Clark from the Center for Strength-Based Strategies intended to guide the membership in ways to continue their development as trainers.
- A presentation by Randy Estes on MI-III, which is the Motivational Interviewing: Helping People Change, Third Edition, Miller and Rolnick, Guilford Press, 2013.
- Training on Administering and Scoring the Video Assessment of Simulated Encounters – Revised (Mark Lowis) which will be used to ascertain skills and training needs across the PIHP provider network.

CoCal – Mark Lowis

- The Co-occurring Change Agent Leadership Committee met in September to determine its work plan for the FY2014. Items selected were:
 - Name Changed to Integrated Treatment Change Agent Leadership Committee (ITCALC)
 - Implementation and Quality Improvement for:
 - Integrated Treatment for Co-occurring Disorders (IDDT)
 - Dual Disorder Competency in Mental Health Treatment (DDCMHT)
 - Dual Disorder Competency in Addiction Treatment (DDCAT)
 - Data – Modifiers for tracking COD Supports and Services Trends
 - Discussion to aid in the process for Collaboration of CA's and CMH's for the integration and Changes in PIHP Organizations
 - Impact of Health Integration
 - DSM-V-effects on the systems
 - Understanding and implementing the Health Insurance Exchanges (IE: number of sessions) for dual eligible

Other items may be added or adjusted; however, these topics seem most necessary to the membership.

MIFAST – Mark Lowis

- MIFAST is working on improvements that will shift the focus from a site review process that feels like an audit activity to more of a focus on technical assistance during and after the review process. MIFAST is now intended to be an invited activity to ascertain the targeted needs of agencies implementing an EBP or Best Practice. This strategy will improve the process of implementation of EBPs by using block grant funds to provide direct training, consultation and coaching for identified needs. The goal is to develop this ascertainment process assist and guide implementation of multiple evidence based practices.

Supported Employment – Joe Longcor

- Amy Miller had provided updates on supported employment and provided the MIFAST activities to agencies that provide this EBP. In assuming these responsibilities Joe Longcor has encountered requests for more focus on technical assistance from MIFAST review activities. This matches the

goal of MIFAST CQI for 2013. Mark and Joe will begin discussions on use of the MIFAST process as well as assisting work force development staff in the use of and strengthening of Motivational Interviewing in Supported Employment.

Trauma Subcommittee – Mark Lowis

- Regional Trainings on Trauma specific care through Community Connections has been provided and will continue. Additional activity through MIFAST to aid in implementation following trainings is being developed through the SAMHSA and National Technical Assistance Center. More to come.

PMTO – Luann Gray

- PMTO activity has been very strong. On October 17th, PMTO will host an event for participation by agencies who need to know more about the method and its benefit to participants
- On December 10th, there will be Orientation training for new staff who want to explore the method, begin their training and development with this method. The training covers Fidelity elements of the method as well as Coaching techniques for enhancement, emotional regulation and positive direction.
- Other options are available through the website as well as various 2 day events that will be provided regionally intended to be opportunities across the regions for practitioners to learn about and experience the method.
- The 1st stage of the Research Project for PMTO has been completed. Participants in the project include Detroit Wayne Mental Health Authority, Starfish, The Detroit Children's Center, and Easter Seals of Southeast Michigan. Luann wishes to extend her thanks and appreciation to those agencies.

DBT Subcommittee – Phil Cave and Josh Smith provided details on developing continuing implementation and development of DBT under MIFAST.

- Since the State-wide EBP initiative began, there has been a heavy focus on DBT trainings for teams to help them implement DBT in their setting. As time has gone on however, there seems to be a heavier emphasis on teams needing specific/tailored assistance/coaching/training to help them with their implementation of DBT and less on foundational training.
- Also, stakeholders, policy makers, funders, consumers, clinicians and trainers want to know whether or not an agency is in fact "doing DBT" and getting the outcomes they are hoping to achieve. This began the idea of developing a committee made up of local content experts or experienced DBT clinicians to be part of a DBT MIFAST committee.
- MIFAST in a nutshell is the process where a reviewer performs a site review and uses specific anchors to guide their assessment of the program. Based on their assessment, the MIFAST reviewer will develop a report/work plan that identifies strengths and areas for improvement. This report/work plan will help guide further training and support for the

program in order to facilitate the EBP of DBT. The DBT MIFAST committee will be in charge of going out to the field and doing site-visits to help not only measure whether or not an agency is including the key ingredients that make up Evidenced-Based DBT, but also to guide further "technical assistance" to individual teams.

Goals for FY14:

- 1st Quarter:
 - Recruit and identify DBT MIFAST Committee Members
- 2nd Quarter:
 - Complete training for DBT MIFAST Site Reviewers (first training is scheduled for October 21st)
 - Develop site-review tools to use during site-visits
- 3rd Quarter:
 - Identify 5 DBT Teams in the State to pilot site-reviews
 - Perform pilot site-reviews
- 4th Quarter:
 - Review data collected
 - Develop a plan for each team to receive further "technical assistance"
 - Make adjustments if necessary

DBT Practice Knowledge Exam - as of October 9, 2013:

Peer Support Specialist and Case Management Test

- 3 tests taken thus far
- High: 93.6
- Low: 82
- Average: 86.5

Master's Level Clinician Test

- 26 tests taken thus far
- High: 98.7
- Low: 77.4
- Average: 90.8

NOTES:

- Average # of days of DBT training per clinician who took the exam: 9.36
- Percentage of clinicians (who took this exam) who are part of teams receiving coaching from DBT content experts: 68%

DBT Trainings for 2013 - From January 1st – October 9th:

- Provided (5) 2-Day Intro to DBT Trainings (Lansing, Grand Rapids, Detroit, Gaylord, Marquette)
- Provided (5) 5-Day Comprehensive DBT Trainings (Lansing, Grand Rapids, Detroit, Gaylord, Marquette)

DBT Trainings for 2014

- (2) 2-Day Intro to DBT Trainings (Lansing, Gaylord)
- (2) 5-Day Comprehensive DBT Trainings (Lansing, Gaylord)

- (2) 2-Day Advanced-Topics DBT Training (Optimizing the Engine of DBT Individual Therapy)
(Lansing, Gaylord)
- (2) 2-Day Stage II DBT Training (Utilizing Prolonged Exposure Therapy for Stage II DBT Clients)
(Lansing, Gaylord)

VII. Adjourn

The meeting was adjourned at 11:32 p.m.

Next PISC meeting: January 9, 2014; 9:00am – Noon
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